2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# N09000004620

Entity Name: UNBRIDLED SPIRIT THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

4225 OAKWOOD DR.
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4225 OAKWOOD DR.
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 27-0151828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPAIN, LARRY B
4225 OAKWOOD DR.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SPAIN, LARRY B
Address: 4225 OAKWOOD DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: VP
Name: CARROLL, JIM
Address: 2365 ELDORADO . CT.
City-St-Zip: ST. CLOUD, FL 34771

Title: S
Name: CARROLL, EVITA
Address: 2365 ELDORADO CT.
City-St-Zip: ST CLOUD, FL 34771

Title: T
Name: SPAIN, PAMELA K
Address: 4225 OAKWOOD DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: D
Name: SPAIN, JAMES
Address: 1011 TONY CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: D
Name: DORSEY, KIM
Address: 3948 CANOE CREEK RD.
City-St-Zip: ST CLOUD, FL 34772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY B. SPAIN PRES 01/08/2010

Electronic Signature of Signing Officer or Director Date